गृहलक्ष्मी महिला नागरी सहकारी पतसंस्था मर्या,. गडचिरोली र.नं. ३१६

GRUHALAXMI MAHILA NAGARI SAHAKARI PATHSANTHA GADCHIROLI R.N. 316

KNOW YOUR CUSTOMER FORM

CUSTOMER POTHOGRAPH

PARTY NO. [ID]	
CUSTOMER NAME	
MOTHER NAME	
FATHER NAME	
DATE OF BIRTH	
PLACE OF BIRTH	
PRESENT ADDRESS	
PERMANANT ADDRESS	
MOBILE NO.	
PAN CARD NO.	
ADHAR CARD NO.	
BANK NAME	
BANK A/C NO.	
E-MAIL ID	
IDENTITY PROOF	
ADDRESS PROOF	
NAME OF NOMINEE	
RELATIONSHIP	
MOAD OF OPERATION	SINGLE ☐ JOINT ☐

KYC Verified
[President/Manager/Accountant]

CUSTMER Signature